STATE COASTAL CONSERVANCY CONSULTANT QUESTIONNAIRE

FIRM NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
County:		
CONTACT PERSON:		
TELEPHONE:		
EMAIL ADDRESS:		
FAX NUMBER:		
In what area(s) does your firm specialize?	Hydrology	
Agriculture	Land Use Entitlement	
Architecture	Landscape Architecture	
Architectural History	Mapping Granding Laboration Statement (CIS)	
Business Services	Geographical Information Systems (GIS)	
Photocopies/Reprographics	☐ Meeting Facilitation☐ Mitigation - Planning and Design	
Market Research	Ocean Science or Policy	
Graphic Design	Permitting	
☐ Climate Change ☐ Construction	Permitting - Wetland	
Construction Management	Photography	
Cultural Resources	Aerial Photography	
Archaeology	Photo Imagery	
Design	☐ Planning	
Computer Aided Design (CAD)	Planning-Land Use	
Design - Interior	☐ Planning-Master	
☐ Economics	Planning-Natural Resources	
☐ Engineering	Planning-Park/Recreational	
Engineering-Acoustical	Planning-Site	
Engineering-Civil	Planning-Trail	
Engineering-Coastal - Waterfront	☐ Planning-Transportation☐ Planning-Urban	
Engineering-Electrical	Planning-Orban Planning-Watershed Management	
Engineering-Environmental	Project Management	
☐ Engineering-Geological ☐ Engineering-Geotechnical	Public Access	
Engineering-Geolechincar Engineering-Hydraulic	Resource Assessment	
Engineering Hydraulic Engineering-Marine Facilities	☐ Air Quality	
Engineering-Sedimentation	Biological	
Engineering-Soils	Cultural Resource	
Engineering-Structural	☐ Noise	
Engineering-Water Resources	Soils/Soil Surveys	
☐ Environmental Analysis	☐ Visual	
CEQA (EIRs, Neg Decs)	Watershed	
NEPA (EISs, Env Assessments)	Wetland	
Geology	☐ Wildlife ☐ Restoration	
Geomorphology	Restoration Restoration Archaeological	
Hazardous Materials/Toxic Substances	Restoration - Archaeological Restoration - Habitat	
Env Site Assessments (ESAs)/ Investigations	Restoration - Habitat	
☐ Remediation - Hazardous substance ☐ Hydrogeology	Restoration - Repartan	
☐ Livinogeology	Surveying	

In what regions will your firm work?		
☐ Statewide		
☐ North Coast (Del Norte County to Coastal Marin County)		
☐ Nine-County San Francisco Bay Area		
Central Coast (Coastal San Mateo County to Santa Barbara County)		
South Coast (Santa Barbara County to San Diego County)		
Is your firm a (check appropriate box):		
☐ Corporation, ☐ Partnership, ☐ Sole Proprietorship		
If a corporation, is it a domestic corporation with its home office in the United States?		
Is it a branch of or a subsidiary of a foreign corporation, firm, or other business?		
Is your firm currently certified by the State of California, OSBCR, as:		
Small Business or Microbusiness Enterprise?		
If so, provide certification number:		
Disabled Veteran Business Enterprise?		
If so, provide certification number:		
I 6°4 4 510/		
Is your firm at least 51% owned, operated, and controlled by one or more disabled veterans?		
What is your firm's federal tax id number?		
vinat is your firm s reactar tax in number:		
From what source did you learn about this RFO?		
From what source did you learn about this RFQ?		

OPTIONAL ADDITIONAL INFORMATION REQUIRED FOR FEDERALLY FUNDED CONTRACTS

Complete the following <u>only</u> if you are interested in work on federally funded projects/programs. The information will be separately maintained, and will only be accessed for federally funded projects/programs.

FIRM NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
COUNTY:		
CONTACT PERSON:		
TELEPHONE:		
EMAIL ADDRESS:		
FAX NUMBER:		
Is your firm currently certified by any federal, state (other than CA), or local government agency as		
the following (or equivalent)?		
☐ Small Business or Microbusiness Enterprise? Certification No.	Agency	
☐ Disadvantaged Business Enterprise? Certification No.	Agency:	
☐ Woman Business Enterprise? Certification No.	Agency:	
☐ Minority Business Enterprise? Certification No.	Agency:	
	-	
Is your firm owned, operated, and controlled by at least 51% of the following:		
☐ Minority Group Members		
□ Women		